



\*Please call 334-353-9363 for assistance with any CME Post Test or the CME Request Form\*

## **Medical Home**

## **CME Post Test**

- 1. Implementing a medical home model has been shown to improve all of the following areas EXCEPT:**
  - a) Clinical outcome
  - b) Cost improvements
  - c) Patient satisfaction
  - d) Staff satisfaction
  
- 2. Implementing a medical home model is likely to decrease the number of office and ER visits for patients with chronic conditions.**
  - a) True
  - b) False
  
- 3. Improving the functional outcome of patients means they experience less stress about their clinical condition, with less absence from school/work, and have a higher sense of competence when it comes to managing their medical conditions.**
  - a) True
  - b) False
  
- 4. Where does care coordination start within the health care setting?**
  - a) staff
  - b) patient
  - c) physician
  - d) parent
  
- 5. The Medical Home concept should only be used in the evaluation and treatment of children.**
  - a) True
  - b) False



- ☐ I am requesting Category I CME Credit through MASA  
☐ I am requesting CME Credit through AAFP  
☐ I am requesting a Certificate of Completion to submit to another organization (Participant responsible for submitting forms to other organizations)

**Please complete this form before requesting your CME Credit**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_

\_\_\_\_ # of Hours Claimed

Are you a Patient 1st Medical Provider? ☐ Yes ☐ No Title/Degree \_\_\_\_\_

Your Specialty: ☐ Family Practice ☐ Pediatrics ☐ Internal Medicine ☐ Other

What additional information or topics would you like to see covered in future activities?

Comments:

Activity Evaluation - Please indicate the extent to which you agree with each statement.

1. This activity met its published objectives.  
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
2. Information presented is current and clinically relevant to my practice.  
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
3. Information was presented in a fair and objective manner.  
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree
4. The format of this CME activity facilitated learning.  
☐ Strongly Agree ☐ Agree ☐ Disagree ☐ Strongly Disagree

Mail or fax this form to:

**CME Request**  
**Alabama Medicaid Agency – R&D Unit**  
**PO Box 5624**  
**Montgomery, AL 36103-5624**

FAX: 334-353-5027

EMAIL: [cme@medicaid.state.al.us](mailto:cme@medicaid.state.al.us)

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